

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Committee To Reelect Congressman Chris Smith

ADDRESS (number and street)  
▼

P.O. Box 3184

☐Check if different  
than previously  
reported. (ACC)

Hamilton

NJ

08619

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00096412

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

NJ

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Constance Carey

Signature of Treasurer

Electronically Filed by Constance Carey

Date

04

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	57190.31	147736.31
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57190.31	147736.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20572.83	118715.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	373.11	2123.86
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20199.72	116591.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	262564.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

9000.00

34750.00

(ii) Unitemized.....

22890.31

45286.31

(iii) TOTAL of contributions

31890.31

80036.31

from individuals..... ▶

0.00

650.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

25300.00

67050.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

57190.31

147736.31

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

373.11

2123.86

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

419.70

2875.17

## 16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

57983.12

152735.34

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20572.83	118715.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	40.00	13036.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20612.83	131751.93

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	225194.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	57983.12
25. SUBTOTAL (add Line 23 and Line 24).....	283177.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20612.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	262564.85

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) AFSCME PAC Mailing Address 1625 L Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25052 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Drive Political Fund-Teamsters Mailing Address 25 Louisiana Avenue, N.W. City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25139 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Drive Political Fund-Teamsters Mailing Address 25 Louisiana Avenue, N.W. City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25140 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)

Election Fund for Ted Narazonick

Mailing Address PO Box 526

City State Zip Code  
 Freehold NJ 07728

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
County of Monmouth

Occupation  
Freeholder

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60330.C25134

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Friends of Tom Powers

Mailing Address c/o Edward Loud  
 2537 Morningstar Road

City State Zip Code  
 Manasquan NJ 08736-2221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Acceptable Funds

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60330.C25146

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

I.B.E.W.-C.O.P.E.

Mailing Address 1125 15th Street, N.W.

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 1 / 2 0 0 6

Transaction ID: 60303.C25020

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)

Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 0 6

Transaction ID: 60120.C25010

Amount of Each Receipt this Period

4000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Verizon Communications PAC

Mailing Address Good Government Club  
 1717 Arch Street, 47-S

City State Zip Code  
 Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 0 6

Transaction ID: 60120.C25009

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

25300.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
James Brennan

Mailing Address PO Box 400

City	State	Zip Code
Hoolehwa	HI	96729-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested
 Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	0	6

Transaction ID: 60120.C25012

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Yung-Ching Chu

Mailing Address 6 Susan Dr.

City	State	Zip Code
Marlboro	NJ	07746-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJ StateOccupation  
MD
 Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: 60402.C25349

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Susan Hurley Deconcini

Mailing Address 6014 Chesterbrook Road

City	State	Zip Code
Mc Lean	VA	22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Property Mgr
 Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Transaction ID: 60402.C25367

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) John Golden		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 3 Wildwood Way		<b>Transaction ID:</b> 60402.C25363	
City Freehold	State NJ	Zip Code 07728	<b>Amount of Each Receipt this Period</b> 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Electrical Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		
		<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>B.</b> Full Name (Last, First, Middle Initial) Tom Ha		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 4045 E. Belknap, Suite 11		<b>Transaction ID:</b> 60402.C25362	
City Fort Worth	State TX	Zip Code 76111	<b>Amount of Each Receipt this Period</b> 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Insurance Agent		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		
		<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert H. Harris		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 2139 Route 35		<b>Transaction ID:</b> 60330.C25046	
City Holmdel	State NJ	Zip Code 07733-1001	<b>Amount of Each Receipt this Period</b> 2100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Federal Research Consultants	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		
		<b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Hrize Mailing Address 16 Willowwood Court City Columbus State NJ Zip Code 08022-1025 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60412.C25564 Amount of Each Receipt this Period 400.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Herbert Konrad Mailing Address 601 Warwick Rd. City Haddonfield State NJ Zip Code 08033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Konrad Beer Distributor, Inc. Occupation President Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60412.C25565 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Richard LaBonte Mailing Address 343 Lake Ave. Box 292 City Bay Head State NJ Zip Code 08742 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60402.C25365 Amount of Each Receipt this Period 300.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Loud Mailing Address 2537 Morningstar Road City Manasquan State NJ Zip Code 08736 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt MM / DD / YYYY 03 / 25 / 2006 <b>Transaction ID:</b> 60330.C25055 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) William Marino Mailing Address 6 Cobblestone Lane City Morristown State NJ Zip Code 07960-6424 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Horizon BC/BS of NJ Occupation CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 31 / 2006 <b>Transaction ID:</b> 60402.C25366 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Michael McKay Mailing Address 5 Rocky Brook Road City Cranbury State NJ Zip Code 08512-3031 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rutgers University Occupation VP Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt MM / DD / YYYY 03 / 29 / 2006 <b>Transaction ID:</b> 60330.C25137 Amount of Each Receipt this Period 300.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Joan McLaughlin

Mailing Address 463 Windrow Clusters Dr

City State Zip Code  
 Moorestown NJ 08057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marlton Auto Parts, Inc.

Occupation  
secretary

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 6

Transaction ID: 60402.C25364

Amount of Each Receipt this Period

300.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Eileen Meagher

Mailing Address 2 Alyce Court

City State Zip Code  
 Trenton NJ 08648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 60330.C25136

Amount of Each Receipt this Period

300.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Francesco Musorrafiti

Mailing Address 14 Bayside Drive

City State Zip Code  
 Atlantic Highlands NJ 07716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eng. & Professional Serv  
Inc.

Occupation  
Engineer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 5 / 2 0 0 6

Transaction ID: 60330.C25062

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Jane Quinlan Mailing Address 140 - 8th Street S.  City State Zip Code Brigantine NJ 08203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25138 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Frances Rodgers Mailing Address 419 Stuyvesant Ave.  City State Zip Code Lyndhurst NJ 07071 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25133 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Myron Rosen Mailing Address 1200B Thornbury Lane  City State Zip Code Manchester NJ 08759 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25117 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) William Rue Mailing Address 33 Cranbury Neck Rd. City State Zip Code Cranbury NJ 08512 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rue Insurance Occupation President Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25320 Amount of Each Receipt this Period 1000.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Sollas Mailing Address 854 Clayton Avenue Windswept City State Zip Code Bay Head NJ 08742 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ocean Atlantic Mgmnt Occupation Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60402.C25361 Amount of Each Receipt this Period 250.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Tarsney Mailing Address 26 Sunset Terrace City State Zip Code Tenafly NJ 07670 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25061 Amount of Each Receipt this Period 200.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1450.00

TOTAL This Period (last page this line number only) .....

9000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

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☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Postmaster--MAIN Route 130		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address Route 130 South		<b>Transaction ID:</b> 60330.C25045	
City Trenton	State NJ	Zip Code 08691-	Amount of Each Receipt this Period 373.11
FEC ID number of contributing federal political committee. C		Offsets to Operating Expenditures <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 373.11	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

373.11

**TOTAL** This Period (last page this line number only) .....

373.11

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Roma Federal Savings Bank Mailing Address 2300 Route 33 City Robbinsville State NJ Zip Code 08691-1411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.07	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60303.C25021 Amount of Each Receipt this Period 144.60 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Roma Federal Savings Bank Mailing Address 2300 Route 33 City Robbinsville State NJ Zip Code 08691-1411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2130.03	Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> 60330.C25053 Amount of Each Receipt this Period 129.96 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Roma Federal Savings Bank Mailing Address 2300 Route 33 City Robbinsville State NJ Zip Code 08691-1411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2275.17	Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60414.C25968 Amount of Each Receipt this Period 145.14 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

419.70

419.70



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. New Jersey Right To Life PAC**

Mailing Address Att: Marie Tasy  
113 North Avenue, W.

City Cranford State NJ Zip Code 07016-

Purpose of Disbursement  
JOURNAL AD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60330.E3039

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

JOURNAL AD

Full Name (Last, First, Middle Initial)

## **B. NJ Fraternal Order of Police**

Mailing Address 108 W. State Street

City Trenton State NJ Zip Code 08608-

Purpose of Disbursement  
ADVERTISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3022

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ADVERTISING

Full Name (Last, First, Middle Initial)

## **C. William McClintock Associates**

Mailing Address 1583 E. Second Street

City Scotch Plains State NJ Zip Code 07076-

Purpose of Disbursement  
MAILING LIST

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60330.E3060

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

191.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING LIST

**SUBTOTAL** of Disbursements This Page (optional) .....

941.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. Washington Storage of NJ, LLC**

Mailing Address 1098 Route 130 South

City  
Trenton

State  
NJ

Zip Code  
08691-1717

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

179.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

## **B. Washington Storage of NJ, LLC**

Mailing Address 1098 Route 130 South

City  
Trenton

State  
NJ

Zip Code  
08691-1717

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60303.E3031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

179.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

## **C. Washington Storage of NJ, LLC**

Mailing Address 1098 Route 130 South

City  
Trenton

State  
NJ

Zip Code  
08691-1717

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3042

Date of Disbursement

/   /

Amount of Each Disbursement this Period

179.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

537.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Cablevision of Hamilton

Mailing Address PO Box 371378

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
CABLE MODEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60120.E2999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CABLE MODEM

Full Name (Last, First, Middle Initial)

**B.** Cablevision of Hamilton

Mailing Address PO Box 371378

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
CABLE MODEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CABLE MODEM

Full Name (Last, First, Middle Initial)

**C.** Cablevision of Hamilton

Mailing Address PO Box 371378

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
CABLE MODEM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CABLE MODEM

**SUBTOTAL** of Disbursements This Page (optional) .....

149.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. Monmouth Reception Committee**

Mailing Address c/o Monmouth GOP Committee  
16 W. Main Street

City Freehold State NJ Zip Code 07728-

Purpose of Disbursement  
RECEPTION TICKETS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3023

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

RECEPTION TICKETS

Full Name (Last, First, Middle Initial)

## **B. Paychex, Inc.**

Mailing Address PO Box 387

City Marlton State NJ Zip Code 08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60120.E2995

Date of Disbursement

01 / 13 / 2006

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

Full Name (Last, First, Middle Initial)

## **C. Paychex, Inc.**

Mailing Address PO Box 387

City Marlton State NJ Zip Code 08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60120.E2996

Date of Disbursement

01 / 13 / 2006

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WORKERS COMP INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

551.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PROFESIONAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60120.E2998

Date of Disbursement

/   /

Amount of Each Disbursement this Period

107.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PROFESIONAL SERVICES**

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60131.E3012

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PAYROLL TAXES IMPOUNDED**

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60131.E3013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**WORKERS COMP INSURANCE**

**SUBTOTAL** of Disbursements This Page (optional) .....

558.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PROFESSIONAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

162.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PROFESSIONAL SERVICES**

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**WORKERS COMP INSURANCE**

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PAYROLL TAXES IMPOUNDED**

**SUBTOTAL** of Disbursements This Page (optional) .....

613.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3035

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3034

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

**SUBTOTAL** of Disbursements This Page (optional) .....

891.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

**B.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PROFESSIONAL SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3046

Date of Disbursement

/   /

Amount of Each Disbursement this Period

107.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROFESSIONAL SERVICES

Full Name (Last, First, Middle Initial)

**C.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
WORKERS COMP INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3059

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WORKERS COMP INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

131.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Paychex, Inc.

Mailing Address PO Box 387

City  
Marlton

State  
NJ

Zip Code  
08053-0387

Purpose of Disbursement  
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3058

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**PAYROLL TAXES IMPOUNDED**

Full Name (Last, First, Middle Initial)

**B.** AFL-CIO COPE

Mailing Address 815 Sixteenth Street, NW

City  
Washington

State  
DC

Zip Code  
20006-

Purpose of Disbursement  
JOURNAL AD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**JOURNAL AD**

Full Name (Last, First, Middle Initial)

**C.** Chase Card Seivces

Mailing Address PO Box 15153

City  
Wilmington

State  
DE

Zip Code  
19886-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60120.E3005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

146.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CREDIT CARD: SEE BELOW**

**SUBTOTAL** of Disbursements This Page (optional) .....

1086.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** DAntuono Gulf

Mailing Address Route 33 & George Dye Road

City  
Hamilton Square

State  
NJ

Zip Code  
08690-

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Chase Card Sevices

Mailing Address PO Box 15153

City  
Wilmington

State  
DE

Zip Code  
19886-

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3006

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SERVICE CHARGE

Full Name (Last, First, Middle Initial)

**C.** Postmaster - Trenton

Mailing Address

City  
Trenton

State  
NJ

Zip Code  
08650-9616

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Staples #736

Mailing Address Hamilton Square 670 North Route 33

City Hamilton State NJ Zip Code 08619-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60120.E3009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.23

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Chase Card Sevices

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement  
CREDIT CARD:SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

112.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD:SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** DAntuono Gulf

Mailing Address Route 33 & George Dye Road

City Hamilton Square State NJ Zip Code 08690-

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

112.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. Postmaster - Trenton**

Mailing Address

City  
Trenton

State  
NJ

Zip Code  
08650-9616

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **B. Staples #736**

Mailing Address Hamilton Square 670 North Route 33

City  
Hamilton

State  
NJ

Zip Code  
08619-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

48.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Chase Card Seivces**

Mailing Address PO Box 15153

City  
Wilmington

State  
DE

Zip Code  
19886-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60330.E3062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

87.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** DAntuono Gulf

Mailing Address Route 33 & George Dye Road

City Hamilton Square State NJ Zip Code 08690-

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E2994

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60131.E3011

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

1642.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60303.E3033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**C.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60330.E3054

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

2463.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3057

Date of Disbursement

/   /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

**B.** Federal Express

Mailing Address P.O. Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement  
COURIER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 51230.E2978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

COURIER

Full Name (Last, First, Middle Initial)

**C.** Federal Express

Mailing Address P.O. Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement  
COURIER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60303.E3030

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

COURIER

**SUBTOTAL** of Disbursements This Page (optional) .....

873.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. Minuteman Press**

Mailing Address 2101 Nottingham Way

City State Zip Code  
Trenton NJ 08619-

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3032

Date of Disbursement

/   /

Amount of Each Disbursement this Period

219.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PRINTING

Full Name (Last, First, Middle Initial)

## **B. Minuteman Press**

Mailing Address 2101 Nottingham Way

City State Zip Code  
Trenton NJ 08619-

Purpose of Disbursement  
POSTAGE FOR MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60330.E3041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2079.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE FOR MAILING

Full Name (Last, First, Middle Initial)

## **C. Postmaster--MAIN Route 130**

Mailing Address Route 130 South

City State Zip Code  
Trenton NJ 08691-

Purpose of Disbursement  
BRE PERMIT & ACCTG. FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60120.E2993

Date of Disbursement

/   /

Amount of Each Disbursement this Period

625.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

BRE PERMIT & ACCTG. FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2924.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Postmaster--MAIN Route 130

Mailing Address Route 130 South

City  
Trenton

State  
NJ

Zip Code  
08691-

Purpose of Disbursement  
06 MAR GOP MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60412.E3071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4166.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

06 MAR GOP MAILING

Full Name (Last, First, Middle Initial)

**B.** Christopher Smith

Mailing Address P.O. Box 3184

City  
Trenton

State  
NJ

Zip Code  
08619-

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3065

Date of Disbursement

/   /

Amount of Each Disbursement this Period

180.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Christopher Smith

Mailing Address P.O. Box 3184

City  
Trenton

State  
NJ

Zip Code  
08619-

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3036

Date of Disbursement

/   /

Amount of Each Disbursement this Period

243.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

4590.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. The Congressional Institute**

Mailing Address 316 Pennsylvania Avenue, SE #403

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
REPUBLICAN CONFERENCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1556.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REPUBLICAN CONFERENCE

Full Name (Last, First, Middle Initial)

## **B. Trenton St. Patricks Day Parade Committ**

Mailing Address PO Box 9380

City  
Trenton

State  
NJ

Zip Code  
08650-

Purpose of Disbursement  
JOURNAL AD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60120.E2997

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

JOURNAL AD

Full Name (Last, First, Middle Initial)

## **C. Verizon**

Mailing Address PO Box 4833

City  
Trenton

State  
NJ

Zip Code  
08650-4833

Purpose of Disbursement  
PHONE 4755

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60120.E3000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHONE 4755

**SUBTOTAL** of Disbursements This Page (optional) .....

1827.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address PO Box 4833

City  
Trenton

State  
NJ

Zip Code  
08650-4833

Purpose of Disbursement  
PHONE 4755

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60303.E3025

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.23

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHONE 4755

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address PO Box 4833

City  
Trenton

State  
NJ

Zip Code  
08650-4833

Purpose of Disbursement  
PHONE 4755

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60330.E3044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHONE 4755

Full Name (Last, First, Middle Initial)

**C.** Verizon Wireless

Mailing Address P.O. Box 17464

City  
Baltimore

State  
MD

Zip Code  
21297-1464

Purpose of Disbursement  
CELL 8984

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60120.E3001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL 8984

**SUBTOTAL** of Disbursements This Page (optional) .....

224.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

## **A. Verizon Wireless**

Mailing Address P.O. Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement  
CELL 2782

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3017

Date of Disbursement

01 / 29 / 2006

Amount of Each Disbursement this Period

29.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL 2782

Full Name (Last, First, Middle Initial)

## **B. Verizon Wireless**

Mailing Address P.O. Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement  
CELL 8984

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60303.E3024

Date of Disbursement

02 / 21 / 2006

Amount of Each Disbursement this Period

73.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL 8984

Full Name (Last, First, Middle Initial)

## **C. Verizon Wireless**

Mailing Address P.O. Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement  
CELL 8984

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60330.E3045

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

72.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL 8984

**SUBTOTAL** of Disbursements This Page (optional) .....

175.80

**TOTAL** This Period (last page this line number only) .....

20382.83